

THE PRIMARY CARE GROUP OF WEST GEORGIA (PCG)

NOTICE OF PRIVACY PRACTICES

This notice describes how your protected health information (**PHI**) may be used and disclosed and how you can get access to this information. **PLEASE REVIEW IT CAREFULLY.**

USES AND DISCLOSURES:

Treatment: Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing your medical conditions, and providing treatment.

Payment: Your health information may be used to seek payment from you, your health plan, and from other sources including third parties such as an automobile insurer. We may receive and comply with a request for information including dates of service, the services provided, and the medical condition being treated including a diagnosis, procedures, lab results, prescriptions and other health information.

Healthcare Operations: Your health information may be used as necessary to support the activities and management of our facility. Certain information from every patient file is collected and reported to various government agencies for analysis. Chart reviews are performed to promote quality of care.

Law Enforcement: Your health information may be disclosed to law enforcement agencies, without your permission, to support government's audits and inspections, to facilitate law enforcement investigations, and to comply with government audits and inspections.

Public Health Reporting: Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other Uses and Disclosures Require Your Authorization: Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect prior disclosure of information that occurred before you notified us of your decision.

ADDITIONAL USES OF INFORMATION:

Appointment reminders: Your health information will be used by our staff to send you appointment reminders or to call, text or email you to remind you of your appointment. We may also contact you in regard to prescriptions, lab results and other health matters.

Information about Treatments: Your health information may be used to send you information on the treatment and management of your medical condition. We may also send you information describing other health-related goods and services that we believe may interest you.

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Your Individual Rights: You have certain rights under the federal privacy standards. These include: 1) the right to request restrictions on the use and disclosure of your protected health information. 2) The right to receive confidential communications concerning your medical condition and treatment. 3) The right to inspect your protected health information including the right to amend or submit corrections to your protected health information. 4) The right to review to whom your protected health information has been disclosed. 5) The right to receive a printed copy of this notice. 6) You have the right to be notified in the event of a release of your protected health information. 7) Should you pay in full for your treatment out of your own pocket you may you are entitled to keep that information private even from insurance companies including Medicare. Arrangements must be made at the time of service to restrict disclosure of this medical treatment.

Primary Care Group of West Georgia- Duties: We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices: As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit upon request. The revised policies and practices will be applied to all protected health information that we maintain.

Requests to Inspect Protected Health Information: As permitted by federal regulations, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request your records by contacting our office or the administrator. You may also request electronic copies of the PHI that we hold in an electronic format.

Fundraising Activity: Our office currently does not ask patients to participate in fundraising activities. Should we begin to sponsor fundraising activities you will have the opportunity to opt out of solicitations from our office.

Complaints: If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

The Primary Care Group of West Georgia
Administrator
100 Professional Park Suite 204
Carrollton, Georgia 30117